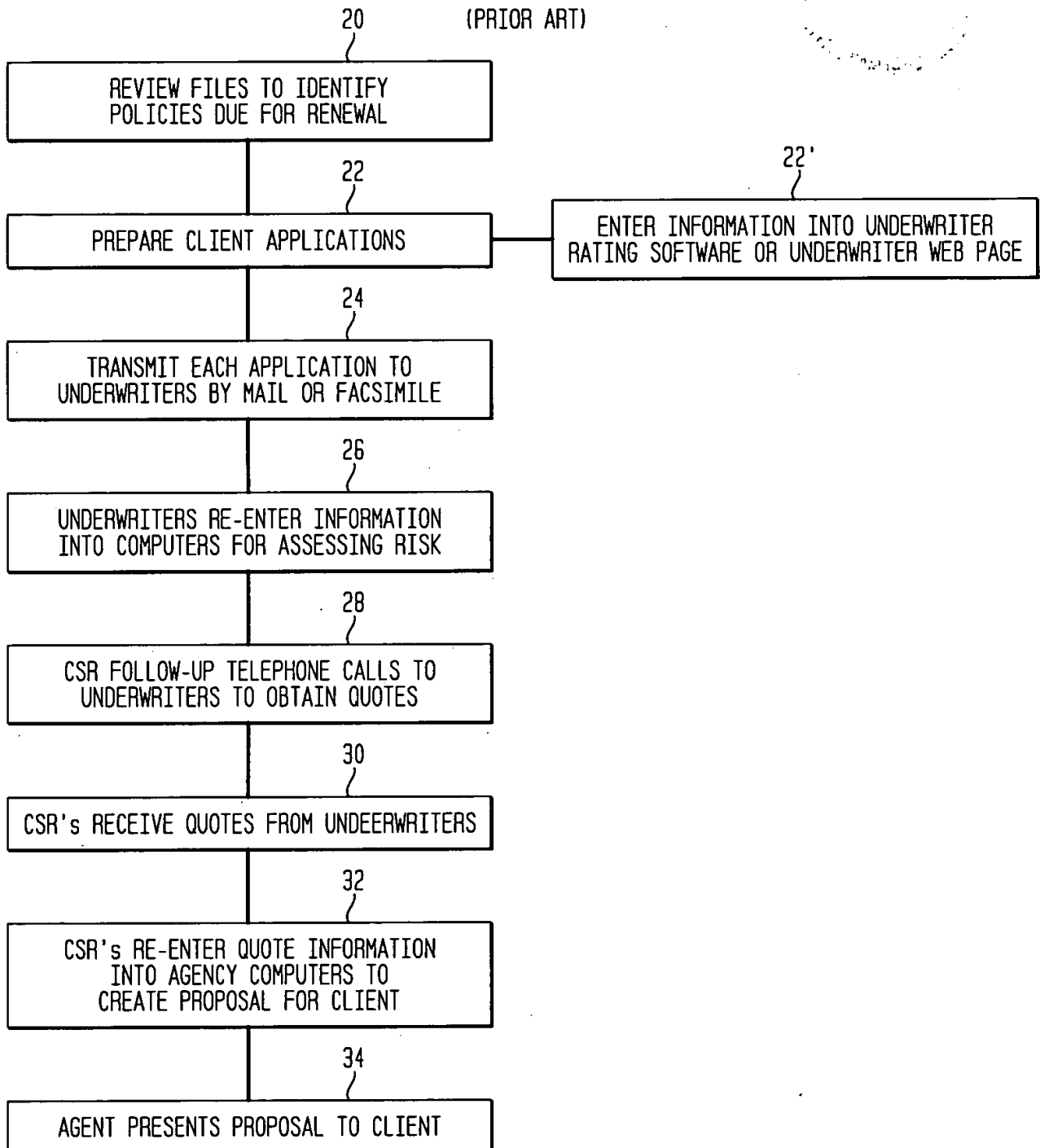


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**FIG. 1**  
(PRIOR ART)



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**FIG. 2A**  
(PRIOR ART)

<b>ACORD</b>		<b>COMMERCIAL INSURANCE APPLICATION</b>				OP ID OH		DATE MM/DD/YY 12/13/00	
<b>APPLICANT INFORMATION SECTION</b>									
PRODUCER <small>PHONE</small> A/C No Exp: 973-884-4400 973-884-4411		CARRIER <small>NAIC CODE</small> St. Paul Fire and Marine Insur.		UNDERWRITER					
Tribus Spectrum 8 Wood Hollow Road Parsippany NJ 07054 David Huff		POLICIES OR PROGRAM REQUESTED							
CODE SUB CODE		INDICATE SECTIONS ATTACHED		EQUIPMENT FLOATER		GARAGE AND DEALERS			
AGENCY CUSTOMER ID DSHTE-1		PROPERTY		INSTALLATION/BUILDERS RISK		VEHICLE SCHEDULE			
		GLASS AND SIGN		ELECTRONIC DATA PROC		BOILER & MACHINERY			
		ACCOUNTS RECEIVABLE/ VALUABLE PAPERS		COMMERCIAL		WORKERS COMPENSATION			
		CRIME/MISCELLANEOUS CRIME		BUSINESS AUTO		UMBRELLA			
		TRANSPORTATION		TRUCKERS/MOTOR CARRIERS					
		MOTOR TRUCK CARGO							
STATUS OF SUBMISSION		PACKAGE POLICY INFORMATION							
QUOTE ISSUE POLICY		ENTER THIS INFORMATION WHEN COMMON DATES AND TERMS APPLY TO SEVERAL LINES OR FOR MONOLINE PROCESS							
X	BOUND (Give Data and/or Attach Copy):	PROPOSED EFF DATE	PROPOSED EXP DATE	BILLING PLAN	BILLING PLAN	AUDIT			
	DATE 03/05/00 TIME 04:00 <input checked="" type="checkbox"/> AM <input checked="" type="checkbox"/> PM	03/10/00	03/10/01	DIRECT BILL	AGENCY BILL				
APPLICANT INFORMATION									
NAME (First Named Insured & Other Names Insured) dshtest, Inc., Inc.									
MAILING ADDRESS (of First Named Insured) David Huff 1234 Main Street Fort Wayne NJ 07922									
<input type="checkbox"/>	INDIVIDUAL	<input checked="" type="checkbox"/>	CORPORATION	<input type="checkbox"/>	SUBCHAPTER "S" CORPORATION	<input type="checkbox"/>	NOT FOR PROFIT ORGANIZATION?	YEARS IN BUSINESS	
<input type="checkbox"/>	PARTNERSHIP	<input type="checkbox"/>	JOINT VENTURE	<input type="checkbox"/>	LIMITED CORPORATION				
INSPECTION CONTACT		PHONE (Wk, Hm, Ext): 908-464-3464		ACCOUNTING RECORDS CONTACT		PHONE (Wk, Hm, Ext): 908-464-3464			
David Montgomery				David Montgomery					
PREMISES INFORMATION									
LOC #	STREET, CITY, STATE, ZIP CODE			CITY LIMITS	INTEREST	YR. BUILT	PART OCCUPIED		
01	01	1234 Sunset LANE Berkley Heights NJ 07922 Union			<input checked="" type="checkbox"/> INSIDE <input type="checkbox"/> OUTSIDE	<input checked="" type="checkbox"/> OWNER <input type="checkbox"/> TENANT	1984	25%	
					<input type="checkbox"/> INSIDE <input type="checkbox"/> OUTSIDE	<input type="checkbox"/> OWNER <input type="checkbox"/> TENANT			
					<input type="checkbox"/> INSIDE <input type="checkbox"/> OUTSIDE	<input type="checkbox"/> OWNER <input type="checkbox"/> TENANT			
NATURE OF BUSINESS/DESCRIPTION OF OPERATIONS BY PREMISE(S)									
01	01	Sales and executive offices							
GENERAL INFORMATION									
EXPLAIN ALL "YES" RESPONSES				YES	YES	EXPLAIN ALL "YES" RESPONSES			
1. IS THE APPLICANT A SUBSIDIARY OF ANOTHER ENTITY OR DOES THE APPLICANT HAVE ANY SUBSIDIARIES?				X		6. ANY POLICY OR COVERAGE DECLINED CANCELLED OR NON-RENEWED DURING THE PRIOR 3 YEARS? NOT APPLICABLE IN NJ			
2. IS FORMAL SAFETY PROGRAM IN OPERATION?				X		7. ANY PAST LOSSES OR CLAIMS RELATING TO SEXUAL ABUSE OR MOLESTATION ALLEGATIONS, DISCRIMINATION OR NEGLIGENT HIRING?			
3. ANY EXPOSURE TO FLAMMABLE, EXPLOSIVE, CHEMICALS?					X	8. DURING THE LAST TEN YEARS, HAS ANY APPLICANT BEEN CONVICTED OF ANY DEGREE OF THE CRIME OF ARSON? (In NJ this question must be answered by any applicant for property insurance. Failure to disclose the evidence of an arson conviction is a misdemeanor punishable by a sentence of up to one year of imprisonment).			
4. ANY CATASTROPHE EXPOSURES?					X				
5. ANY OTHER INSURANCE WITH THIS COMPANY OR BEING SUBMITTED?				X					
REMARKS Excellent Management									
ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON FILES AN APPLICATION FOR INSURANCE CONTAINING ANY MATERIALLY FALSE INFORMATION OR CONCEALS FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING ANY FACT MATERIAL THERETO COMMITS A FRAUDULENT INSURANCE ACT WHICH IS A CRIME AND SUBJECTS THE PERSON TO (IN SUBSTANTIAL) CRIMINAL AND CIVIL PENALTIES									
APPLICANT'S SIGNATURE						PRODUCER'S SIGNATURE David Huff			

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# FIG. 2B (PRIOR ART)

## PRIOR CARRIER INFORMATION

DSHTE-1

LINE	CATEGORY	YEARS 98	YEARS	YEARS	YEARS	YEARS
GENERAL LIABILITY	CARRIER	USF&G				
	POLICY NUMBER	GL 23456				
	POLICY TYPE	CLAIMS MADE X OCCUPENCE	CLAIMS MADE	OCCUPENCE	CLAIMS MADE	OCCUPENCE
	RETRO DATE					
	GENERAL AGGREGATE	2000000				
	PRODUCTS COMP OF AGGREGATE	2000000				
	PERSONAL & ADV INJ	1000000				
	EACH OCCURRENCE	1000000				
	FIRE DAMAGE	50000				
	MEDICAL EXPENSE	5000				
	BODILY INJURY	OCCURRENCE				
		AGGREGATE				
	PROPERTY DAMAGE	OCCURRENCE				
		AGGREGATE				
	COMBINED SINGLE LIMIT	1000000				
MODIFICATION FACTOR						
TOTAL PREMIUM	12000					
FIDELITY	CARRIER	USF&G				
	POLICY NUMBER	CA45678798				
	POLICY TYPE	COMMCL				
	COMBINED SINGLE LIMIT	1000000				
	BODILY INJURY	EA PERSON				
		EA ACCIDENT				
	PROPERTY DAMAGE					
	MODIFICATION FACTOR					
TOTAL PREMIUM	13000					
PROPERTY	CARRIER					
	POLICY NUMBER					
	POLICY TYPE					
	BLD	PERS PROP	AMT			
	MODIFICATION FACTOR					
TOTAL PREMIUM						
	CARRIER					
	POLICY NUMBER					
	POLICY TYPE					
	LIMIT					
	MODIFICATION FACTOR					
TOTAL PREMIUM						

## LOSS HISTORY

ENTER ALL CLAIMS OR OCCURRENCES THAT MAY GIVE RISE TO CLAIMS FOR THE PRIOR 5 YEARS (3YEARS IN KS & NY)				CHECK HERE IF NONE	SEE ATTACHED LOSS SUMMARY	
DATE OF OCCURRENCE	LINE	TYPE/DESCRIPTION OF OCCURRENCE OR CLAIM	DATE OF CLAIM	AMOUNT PAID	AMOUNT RESERVED	CLAIM STATUS
01/01/95		all claims		1500	2500	XX
						XX
01/01/96		all		1600	2600	XX
						XX
01/01/97		all		1700	2700	XX
						XX
01/01/98		all		1800	2800	XX
						XX

REMARKS NOTE: FIDELITY REQUIRES A FIVE YEAR LOSS HISTORY

NOTICE OF INSURANCE INFORMATION PRACTICES  
PERSONAL INFORMATION ABOUT YOU MAY BE COLLECTED FROM PERSONS OTHER THAN YOU. SUCH INFORMATION AS WELL AS OTHER PERSONAL AND PRIVILEGE INFORMATION COLLECTED BY US OR OUR AGENTS MAY IN CERTAIN CIRCUMSTANCES BE DISCLOSED TO THIRD PARTIES WITHOUT YOUR AUTHORIZATION. YOU HAVE THE RIGHT TO REVIEW YOUR PERSONAL INFORMATION IN OUR FILES AND CAN REQUEST CORRECTION OF ANY INACCURACIES. A MORE DETAILED DESCRIPTION OF YOUR RIGHTS AND OUR PRACTICES REGARDING SUCH INFORMATION IS AVAILABLE UPON REQUEST CONTACT YOUR AGENT OR BROKER FOR INSTRUCTION ON HOW TO SUBMIT A REQUEST TO US.

ACORD 125(7/96)



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# **FIG. 3B** (PRIOR ART)

CONTRACTORS										AUGRO-1			
EXPLAIN ALL "YES" RESPONSES (For past or present operations)					YES NO		EXPLAIN ALL "YES" RESPONSES (For past or present operations)					YES NO	
1. DOES APPLICANT DRAW PLANS, DESIGNS, OR SPECIFICATIONS?					<input checked="" type="checkbox"/>		4. DO YOUR SUBCONTRACTORS CARRY COVERAGE OR LIMITS LESS THAN YOURS?					<input checked="" type="checkbox"/>	
2. DOES ANY OPERATIONS INCLUDE BLASTING OR UTILIZE OR STORE EXPLOSIVE MATERIAL?					<input checked="" type="checkbox"/>		5. ARE SUBCONTRACTORS ALLOWED TO WORK W/O CERT OF INS?					<input checked="" type="checkbox"/>	
3. DO ANY OPERATIONS INCLUDE EXCAVATION, TUNNELING UNDERGROUND WORK OR EARTH MOVING?					<input checked="" type="checkbox"/>		6. DOES APPLICANT LEASE EQUIPMENT TO OTHERS WITH OR WITHOUT OPERATORS?					<input checked="" type="checkbox"/>	
REMARKS/DESCRIBE THE TYPE OF WORK SUBCONTRACTED					% OF WORK SUBCONTRACTED:		• FULL TIME STAFF:		• PART TIME STAFF:				
PRODUCTS/COMPLETED OPERATIONS													
PRODUCTS	ANNUAL GROSS SALES	• OF LIMITS	TIME IN MARKET	EXPECTED LIFE	INTENDED USE	PRINCIPAL UNITS							
EXPLAIN ALL "YES" RESPONSES (For past or present operations)					YES NO		EXPLAIN ALL "YES" RESPONSES (For past or present operations)					YES NO	
1. DOES APPLICANT INSTALL, SERVICE, OR DEMONSTRATE PRODUCTS?					<input checked="" type="checkbox"/>		6. PRODUCTS RECALLED, DISCONTINUED, CHANGED?					<input checked="" type="checkbox"/>	
2. FOREIGN PRODUCTS SOLD, DISTRIBUTED, USED AS COMPONENTS?					<input checked="" type="checkbox"/>		7. PRODUCT OF OTHERS SOLD OR RE-PACKAGE UNDER APPLICANT LABEL?					<input checked="" type="checkbox"/>	
3. RESEARCH AND DEVELOPMENT CONDUCTED OR NEW PRODUCTS PLANNED?					<input checked="" type="checkbox"/>		8. PRODUCTS UNDER LABEL OF OTHERS?					<input checked="" type="checkbox"/>	
4. GUARANTEES, WARRANTIES, HOLD HARMLESS AGREEMENTS?					<input checked="" type="checkbox"/>		9. VENDORS COVERAGE REQUIRED?					<input checked="" type="checkbox"/>	
5. PRODUCTS RELATED TO AIRCRAFT/SPACE INDUSTRY?					<input checked="" type="checkbox"/>		10. DOES ANY NAMED INSURED SELL TO OTHER NAMED INSUREDS?					<input checked="" type="checkbox"/>	
PLEASE ATTACH LITERATURE, BROCHURES, LABELS, WARNINGS, ETC.													
ADDITIONAL INTERESTS/CERTIFICATE RECIPIENTS (Attach ACORD 45 for additional names)													
INTEREST	RANK	NAME AND ADDRESS	REFERENCE •	CERTIFICATE REQUIRED	INTEREST IN ITEM NUMBER								
<input type="checkbox"/> ADDITIONAL INSURED					LOCATION BUILDING								
<input type="checkbox"/> LOSS PAYEE					VEHICLE BOAT								
<input type="checkbox"/> MORTGAGES					SCHEDULED ITEM NUMBER								
<input type="checkbox"/> LIENHOLDER					OTHER								
<input type="checkbox"/> EMPLOYEE AS LESSOR													
ITEM DESCRIPTION													
GENERAL INFORMATION													
EXPLAIN ALL "YES" RESPONSES (For past or present operations)					YES NO		EXPLAIN ALL "YES" RESPONSES (For past or present operations)					YES NO	
1. ANY MEDICAL FACILITIES PROVIDED OR MEDICAL PROFESSIONALS EMPLOYED OR CONTRACTED?					<input checked="" type="checkbox"/>		9. RECREATION FACILITIES PROVIDED?					<input checked="" type="checkbox"/>	
2. ANY EXPOSURE TO RADIOACTIVE/NUCLEAR MATERIALS?					<input checked="" type="checkbox"/>		10. IS THERE A SWIMMING POOL ON THE PREMISES?					<input checked="" type="checkbox"/>	
3. DO/HAVE PAST, PRESENT OR DISCONTINUED OPERATIONS INVOLVE(D) STORING, TREATING, DISCHARGING, APPLYING, DISPOSING, OR TRANSPORTING OF HAZARDOUS MATERIAL? (e.g. landfills, wastes, fuel tanks, etc.)					<input checked="" type="checkbox"/>		11. SPORTING OR SOCIAL EVENTS SPONSORED?					<input checked="" type="checkbox"/>	
4. ANY OPERATIONS SOLD, ACQUIRED, OR DISCONTINUED LAST 5 YEARS?					<input checked="" type="checkbox"/>		12. ANY STRUCTURAL ALTERATIONS CONTEMPLATED?					<input checked="" type="checkbox"/>	
5. MACHINERY OR EQUIPMENT LOANED OR RENTED TO OTHERS?					<input checked="" type="checkbox"/>		13. ANY DEMOLITION EXPOSURE CONTEMPLATED?					<input checked="" type="checkbox"/>	
6. ANY WATERCRAFT, DOCKS, FLOATS OWNED, HIRED OR LEASED?					<input checked="" type="checkbox"/>		14. HAS APPLICANT BEEN ACTIVE IN OR IS CURRENTLY ACTIVE IN JOINT VENTURES?					<input checked="" type="checkbox"/>	
7. ANY PARKING FACILITIES OWNED/RENTED?					<input checked="" type="checkbox"/>		15. DO YOU LEASE EMPLOYEES TO OR FROM OTHER EMPLOYERS?					<input checked="" type="checkbox"/>	
8. IS A FEE CHARGED FOR PARKING?					<input checked="" type="checkbox"/>		16. IS THERE A LABOR INTERCHANGE WITH ANY OTHER BUSINESS OR SUBSIDIARIES?					<input checked="" type="checkbox"/>	
					<input checked="" type="checkbox"/>		17. ARE DAY CARE FACILITIES OPERATED OR CONTROLLED?					<input checked="" type="checkbox"/>	
REMARKS													
ACORD 126-S(3/93) ATTACH TO APPLICANT INFORMATION SECTION													

**FIG. 4A**  
(PRIOR ART)

[illegible]

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# FIG. 4B (PRIOR ART)

VEHICLE DESCRIPTION (continued)															AUGRO-1												
VEH #	YEAR	MAKE	Isuzu		BODY TYPE		SYM/AGE		COST NEW																		
2	1996	MODEL	NRR		VIN. JALFA12XT3700658																						
CITY, STATE, ZIP Ronkonkoma, NJ					TERM		GVW/GCW		CLASS		SIC		FACTOR		SEAT CP		RADIUS		FARTHEST TERM								
DRIVE TO WORK/SCHOOL		USE		COMM'L		CHECK COVERAGES		ADD'L PIP		UNDRINS MOTOR		F		LSP		DEDUCTIBLES		ACV		COMP		SPEC C OF L					
<input type="checkbox"/> UNDER 15 MILES		<input type="checkbox"/> PLEASURE		<input type="checkbox"/> RETAIL		<input type="checkbox"/> LIAB		<input type="checkbox"/> MED PAY		<input type="checkbox"/> TOWING & LABOR		<input type="checkbox"/> FT		<input type="checkbox"/> COMP		<input type="checkbox"/> AA		<input type="checkbox"/> ST AMT		<input type="checkbox"/> COLL		<input type="checkbox"/> SPEC C OF L					
<input type="checkbox"/> 15 MILES OR OVER		<input type="checkbox"/> FARM		<input type="checkbox"/> SERVICE		<input type="checkbox"/> PIP		<input type="checkbox"/> UNINS MOTOR		<input type="checkbox"/> SPEC C OF L		<input type="checkbox"/> FTW		<input type="checkbox"/> COLL		<input type="checkbox"/> \$		<input type="checkbox"/> \$		<input type="checkbox"/> \$		<input type="checkbox"/> COLL					
VEH #	YEAR	MAKE	Chevy		BODY TYPE		SYM/AGE		COST NEW																		
3	1973	MODEL			VIN. CCES33V104317																						
CITY, STATE, ZIP Ronkonkoma, NJ					TERM		GVW/GCW		CLASS		SIC		FACTOR		SEAT CP		RADIUS		FARTHEST TERM								
DRIVE TO WORK/SCHOOL		USE		COMM'L		CHECK COVERAGES		ADD'L PIP		UNDRINS MOTOR		F		LSP		DEDUCTIBLES		ACV		COMP		SPEC C OF L					
<input type="checkbox"/> UNDER 15 MILES		<input type="checkbox"/> PLEASURE		<input type="checkbox"/> RETAIL		<input type="checkbox"/> LIAB		<input type="checkbox"/> MED PAY		<input type="checkbox"/> TOWING & LABOR		<input type="checkbox"/> FT		<input type="checkbox"/> COMP		<input type="checkbox"/> AA		<input type="checkbox"/> ST AMT		<input type="checkbox"/> COLL		<input type="checkbox"/> SPEC C OF L					
<input type="checkbox"/> 15 MILES OR OVER		<input type="checkbox"/> FARM		<input type="checkbox"/> SERVICE		<input type="checkbox"/> PIP		<input type="checkbox"/> UNINS MOTOR		<input type="checkbox"/> SPEC C OF L		<input type="checkbox"/> FTW		<input type="checkbox"/> COLL		<input type="checkbox"/> \$		<input type="checkbox"/> \$		<input type="checkbox"/> \$		<input type="checkbox"/> COLL					
VEH #	YEAR	MAKE	BMW		BODY TYPE		SYM/AGE		COST NEW																		
5	2000	MODEL	323CI		VIN. WBABM3346YJN85845																						
CITY, STATE, ZIP Clark, NJ					TERM		GVW/GCW		CLASS		SIC		FACTOR		SEAT CP		RADIUS		FARTHEST TERM								
DRIVE TO WORK/SCHOOL		USE		COMM'L		CHECK COVERAGES		ADD'L PIP		UNDRINS MOTOR		F		LSP		DEDUCTIBLES		ACV		COMP		SPEC C OF L					
<input type="checkbox"/> UNDER 15 MILES		<input type="checkbox"/> PLEASURE		<input type="checkbox"/> RETAIL		<input type="checkbox"/> LIAB		<input type="checkbox"/> MED PAY		<input type="checkbox"/> TOWING & LABOR		<input type="checkbox"/> FT		<input type="checkbox"/> COMP		<input type="checkbox"/> AA		<input type="checkbox"/> ST AMT		<input type="checkbox"/> COLL		<input type="checkbox"/> SPEC C OF L					
<input type="checkbox"/> 15 MILES OR OVER		<input type="checkbox"/> FARM		<input type="checkbox"/> SERVICE		<input type="checkbox"/> PIP		<input type="checkbox"/> UNINS MOTOR		<input type="checkbox"/> SPEC C OF L		<input type="checkbox"/> FTW		<input type="checkbox"/> COLL		<input type="checkbox"/> \$		<input type="checkbox"/> \$		<input type="checkbox"/> \$		<input type="checkbox"/> COLL					
VEH #	YEAR	MAKE			BODY TYPE		SYM/AGE		COST NEW																		
		MODEL			VIN.																						
CITY, STATE, ZIP					TERM		GVW/GCW		CLASS		SIC		FACTOR		SEAT CP		RADIUS		FARTHEST TERM								
DRIVE TO WORK/SCHOOL		USE		COMM'L		CHECK COVERAGES		ADD'L PIP		UNDRINS MOTOR		F		LSP		DEDUCTIBLES		ACV		COMP		SPEC C OF L					
<input type="checkbox"/> UNDER 15 MILES		<input type="checkbox"/> PLEASURE		<input type="checkbox"/> RETAIL		<input type="checkbox"/> LIAB		<input type="checkbox"/> MED PAY		<input type="checkbox"/> TOWING & LABOR		<input type="checkbox"/> FT		<input type="checkbox"/> COMP		<input type="checkbox"/> AA		<input type="checkbox"/> ST AMT		<input type="checkbox"/> COLL		<input type="checkbox"/> SPEC C OF L					
<input type="checkbox"/> 15 MILES OR OVER		<input type="checkbox"/> FARM		<input type="checkbox"/> SERVICE		<input type="checkbox"/> PIP		<input type="checkbox"/> UNINS MOTOR		<input type="checkbox"/> SPEC C OF L		<input type="checkbox"/> FTW		<input type="checkbox"/> COLL		<input type="checkbox"/> \$		<input type="checkbox"/> \$		<input type="checkbox"/> \$		<input type="checkbox"/> COLL					
ADDITIONAL INTERESTS/CERTIFICATE RECIPIENTS (Attach ACORD 45 for additional names)																											
INTEREST		RANK		NAME AND ADDRESS		REFERENCE #		CERTIFICATE REQUIRED		INTEREST IN ITEM NUMBER																	
<input checked="" type="checkbox"/> ADDITIONAL INSURED				American Honda Finance Corp.				AMERHO1		LOCATION		BUILDING															
<input checked="" type="checkbox"/> LOSS PAYEE										VEHICLE 1		BOAT															
<input type="checkbox"/> MORTGAGES				200 Continental Dr. Suite 301						SCHEDULED ITEM NUMBER:																	
<input type="checkbox"/> LIENHOLDER				Newark DE 19713						OTHER																	
<input type="checkbox"/> EMPLOYEE AS LESSOR																											
GENERAL INFORMATION																											
EXPLAIN ALL "YES" RESPONSES															YES		NO		7. DO OPERATIONS INVOLVE TRANSPORTING HAZARDOUS MATERIAL?				X				
1. WITH THE EXCEPTION OF ENCUMBRANCES ARE ANY VEHICLES NOT SOLELY OWNED BY AND REGISTERED TO THE APPLICANT?																	X		8. ANY HOLD HARMLESS AGREEMENTS?				X				
2. DO OVER 50% OF THE EMPLOYEES USE THEIR AUTOS IN THE BUSINESS?																	X		9. ANY VEHICLES USED BY FAMILY MEMBERS? IF SO, IDENTIFY IN REMARKS				X				
3. IS THERE A VEHICLE MAINTENANCE PROGRAM IN OPERATION?															X				10. DOES THE APPLICANT OBTAIN MVR VERIFICATION?		X						
4. ARE ANY VEHICLES LEASED TO OTHERS?																	X		11. DOES THE APPLICANT HAVE A SPECIFIC DRIVER RECRUITING METHOD?				X				
5. ARE ANY VEHICLES CUSTOMIZED, ALTERED OR HAVE SPECIAL EQUIPMENT?																	X		12. ARE ANY DRIVERS NOT COVERED BY WORKERS COMPENSATION?				X				
6. ARE ICC, PUC OR OTHER FILINGS REQUIRED?																	X		13. ANY VEHICLES OWNED BUT NOT SCHEDULED ON THIS APPLICATION?				X				
																			14. ANY DRIVERS WITH MOVING TRAFFIC VIOLATIONS?				X				
DESCRIPTION OF GARAGE/STORAGE LOCATIONS																									MAXIMUM DOLLAR VALUE SUBJECT TO LOSS		
REMARKS																											
UNINSURED AND UNDERINSURED MOTORISTS COVERAGES (Check the appropriate boxes) below and sign where applicable!																											
DO NOT USE IN AR,AZ,CA,CT,DE,FL,GA,IA,IL,IN,MD,NJ,NV,OK,OR,PA,RI,SC,WY: USE SPECIFIC STATE SUPPLEMENT. MINIMUM UM LIMITS REQUIRED IN DC,ME,MN,MO,VT,VA,WA,WI																											
I UNDERSTAND AND ACKNOWLEDGE THAT UNINSURED MOTORIST (UM) AND UNDERINSURED MOTORISTS (UM) COVERAGE HAVE BEEN EXPLAINED TO ME. I HAVE BEEN OFFERED THE OPTIONS OF:																	SELECTING UM AND UM LIMITS EQUAL TO MY LIABILITY LIMITS.										
																	SELECTING UM AND UM LIMITS LOWER THAN MY LIABILITY LIMITS, OR										
																	REJECTING COVERAGE ENTIRELY.										
I UNDERSTAND THAT THE COVERAGE SELECTION AND LIMIT CHOICES INDICATED HERE WILL APPLY TO ALL FUTURE POLICY RENEWALS, CONTINUATIONS AND CHANGES UNLESS I NOTIFY YOU OTHERWISE IN WRITING. ACORD 127 (2/95)															1. I SELECT UM AND UM LIMITS INDIC IN THIS APP				(APPLICANT'S SIGNATURE)								
															2. I REJECT UM BODILY INJURY COVERAGE				(APPLICANT'S SIGNATURE)								
															3. I REJECT UM BODILY INJURY COVERAGE				(APPLICANT'S SIGNATURE)								
															4. I REJECT UM PROPERTY DAMAGE COVERAGE				(APPLICANT'S SIGNATURE)								
															5. I REJECT UM PROPERTY DAMAGE COVERAGE				(APPLICANT'S SIGNATURE)								
																					ATTACH TO APPLICANT INFORMATION SECTION						

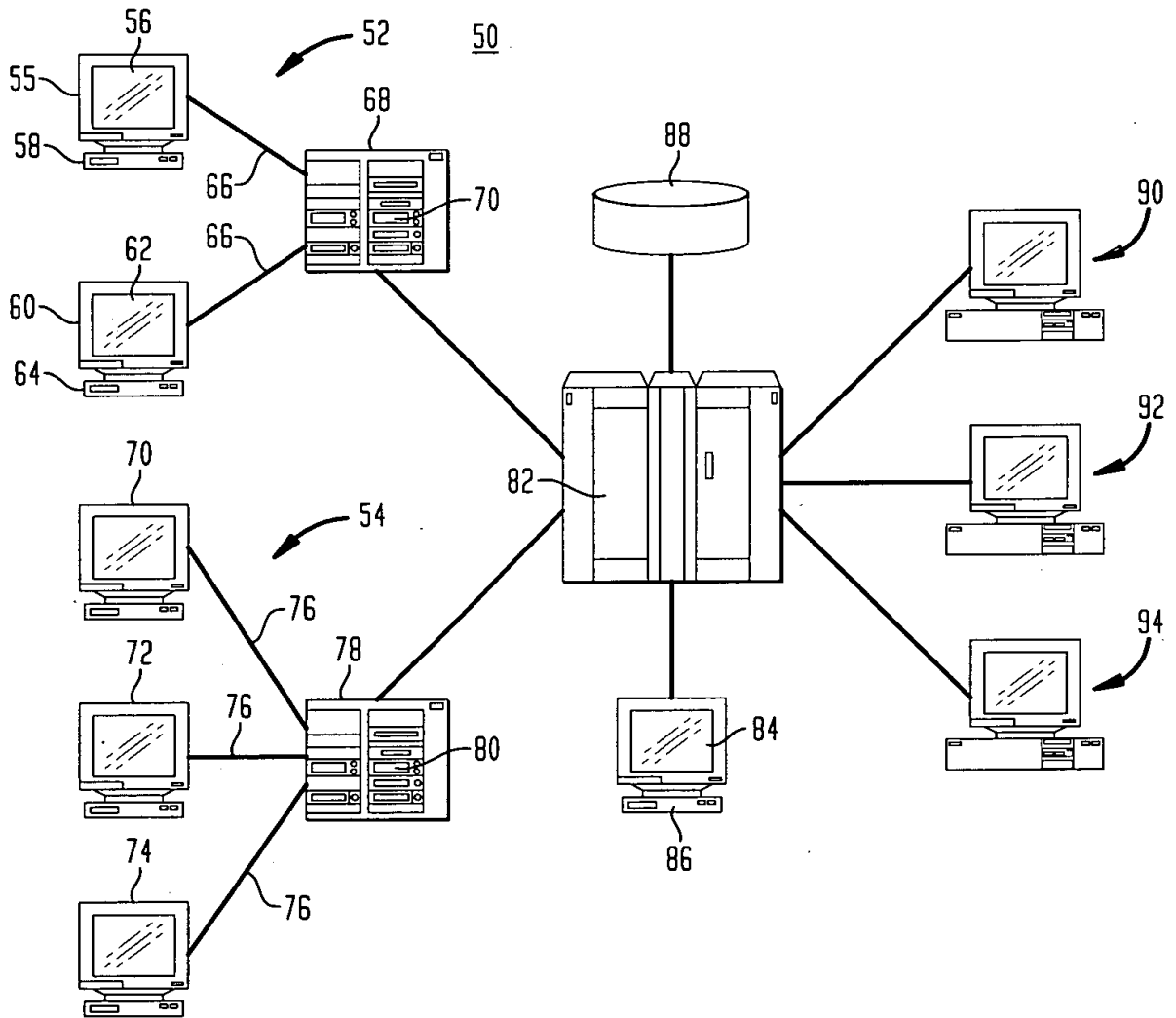
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# FIG. 4C (PRIOR ART)

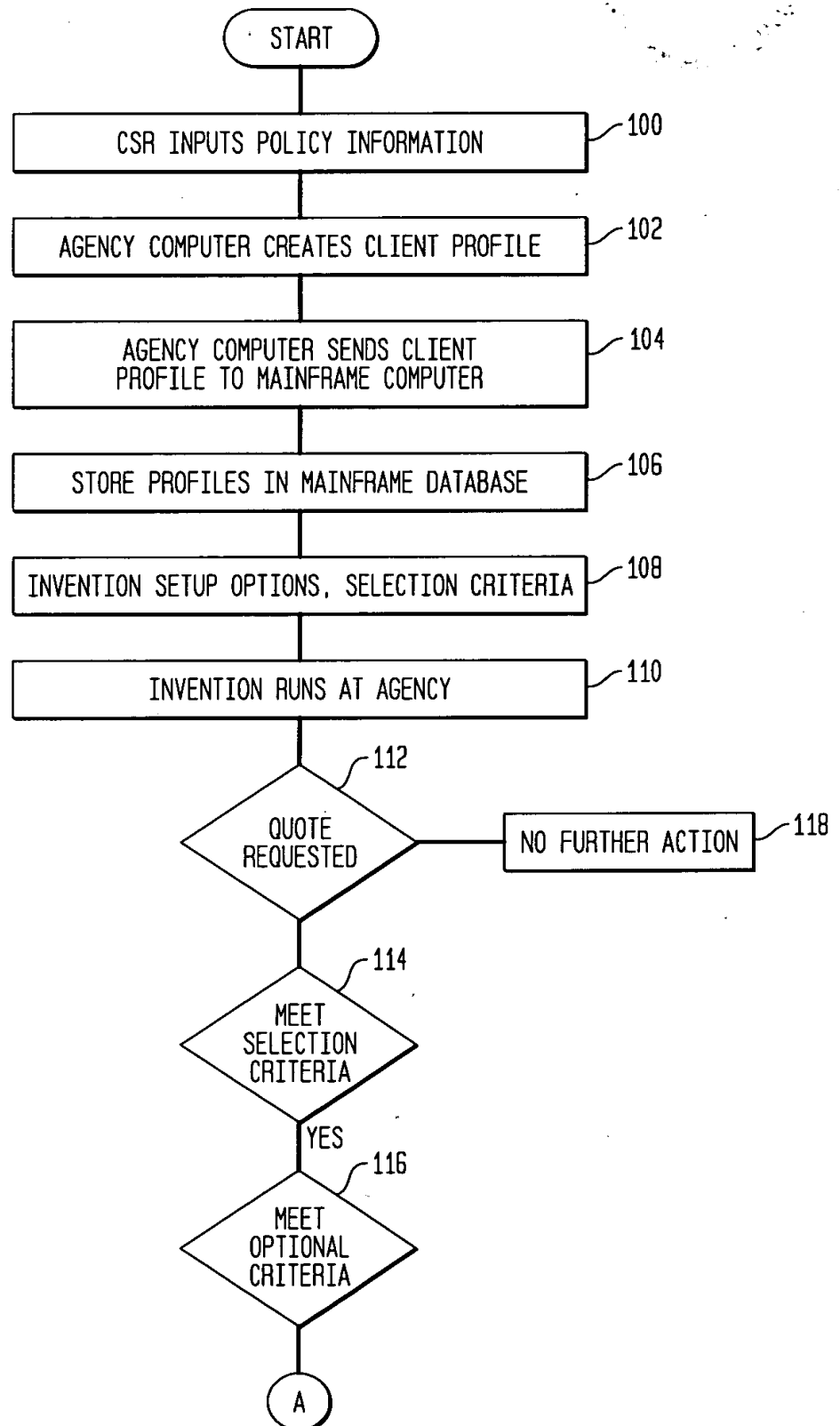
VEHICLE DESCRIPTION (continued)															AUGRO-1				
VEH #	YEAR	MAKE	Isuzu	BODY TYPE		SYM/AGE					COST NEW								
2	1996	MODEL	NRR	VIN.		JALFA12XT3700658					\$								
CITY, STATE, ZIP Ronkonkoma, NJ				TERM		GVW/GCW		CLASS	SIC	FACTOR	SEAT CP	RADIUS	FARTHEST TERM						
WHERE GARAGED																			
DRIVE TO WORK/SCHOOL		USE	COMM'L	CHECK COVERAGES	ADD'L PIP	UNINS MOTOR	F	LSP	DEDUCTIBLES	ACV	COMP	SPEC C OF L							
<input type="checkbox"/> UNDER 15 MILES		<input type="checkbox"/> PLEASURE	<input type="checkbox"/> RETAIL	<input type="checkbox"/> LIAB	<input type="checkbox"/> MED PAY	<input type="checkbox"/> TOWING & LABOR	<input type="checkbox"/> FT	<input type="checkbox"/> COMP	<input type="checkbox"/> AA	<input type="checkbox"/> ST AMT	\$								
<input type="checkbox"/> 15 MILES OR OVER		<input type="checkbox"/> FARM	<input type="checkbox"/> SERVICE	<input type="checkbox"/> PIP	<input type="checkbox"/> UNINS MOTOR	<input type="checkbox"/> SPEC C OF L	<input type="checkbox"/> FTW	<input type="checkbox"/> COLL	\$				<input type="checkbox"/> COLL						
VEH #	YEAR	MAKE	Chevy	BODY TYPE		SYM/AGE					COST NEW								
3	1973	MODEL		VIN.		CCES33V104317					\$								
CITY, STATE, ZIP Ronkonkoma, NJ				TERM		GVW/GCW		CLASS	SIC	FACTOR	SEAT CP	RADIUS	FARTHEST TERM						
WHERE GARAGED																			
DRIVE TO WORK/SCHOOL		USE	COMM'L	CHECK COVERAGES	ADD'L PIP	UNINS MOTOR	F	LSP	DEDUCTIBLES	ACV	COMP	SPEC C OF L							
<input type="checkbox"/> UNDER 15 MILES		<input type="checkbox"/> PLEASURE	<input type="checkbox"/> RETAIL	<input type="checkbox"/> LIAB	<input type="checkbox"/> MED PAY	<input type="checkbox"/> TOWING & LABOR	<input type="checkbox"/> FT	<input type="checkbox"/> COMP	<input type="checkbox"/> AA	<input type="checkbox"/> ST AMT	\$								
<input type="checkbox"/> 15 MILES OR OVER		<input type="checkbox"/> FARM	<input type="checkbox"/> SERVICE	<input type="checkbox"/> PIP	<input type="checkbox"/> UNINS MOTOR	<input type="checkbox"/> SPEC C OF L	<input type="checkbox"/> FTW	<input type="checkbox"/> COLL	\$				<input type="checkbox"/> COLL						
VEH #	YEAR	MAKE	BMW	BODY TYPE		SYM/AGE					COST NEW								
5	2000	MODEL	323CI	VIN.		WBABM3346YJN85845					\$								
CITY, STATE, ZIP Clark, NJ				TERM		GVW/GCW		CLASS	SIC	FACTOR	SEAT CP	RADIUS	FARTHEST TERM						
WHERE GARAGED																			
DRIVE TO WORK/SCHOOL		USE	COMM'L	CHECK COVERAGES	ADD'L PIP	UNINS MOTOR	F	LSP	DEDUCTIBLES	ACV	COMP	SPEC C OF L							
<input type="checkbox"/> UNDER 15 MILES		<input type="checkbox"/> PLEASURE	<input type="checkbox"/> RETAIL	<input type="checkbox"/> LIAB	<input type="checkbox"/> MED PAY	<input type="checkbox"/> TOWING & LABOR	<input type="checkbox"/> FT	<input type="checkbox"/> COMP	<input type="checkbox"/> AA	<input type="checkbox"/> ST AMT	\$								
<input type="checkbox"/> 15 MILES OR OVER		<input type="checkbox"/> FARM	<input type="checkbox"/> SERVICE	<input type="checkbox"/> PIP	<input type="checkbox"/> UNINS MOTOR	<input type="checkbox"/> SPEC C OF L	<input type="checkbox"/> FTW	<input type="checkbox"/> COLL	\$				<input type="checkbox"/> COLL						
VEH #	YEAR	MAKE		BODY TYPE		SYM/AGE					COST NEW								
		MODEL		VIN.							\$								
CITY, STATE, ZIP				TERM		GVW/GCW		CLASS	SIC	FACTOR	SEAT CP	RADIUS	FARTHEST TERM						
WHERE GARAGED																			
DRIVE TO WORK/SCHOOL		USE	COMM'L	CHECK COVERAGES	ADD'L PIP	UNINS MOTOR	F	LSP	DEDUCTIBLES	ACV	COMP	SPEC C OF L							
<input type="checkbox"/> UNDER 15 MILES		<input type="checkbox"/> PLEASURE	<input type="checkbox"/> RETAIL	<input type="checkbox"/> LIAB	<input type="checkbox"/> MED PAY	<input type="checkbox"/> TOWING & LABOR	<input type="checkbox"/> FT	<input type="checkbox"/> COMP	<input type="checkbox"/> AA	<input type="checkbox"/> ST AMT	\$								
<input type="checkbox"/> 15 MILES OR OVER		<input type="checkbox"/> FARM	<input type="checkbox"/> SERVICE	<input type="checkbox"/> PIP	<input type="checkbox"/> UNINS MOTOR	<input type="checkbox"/> SPEC C OF L	<input type="checkbox"/> FTW	<input type="checkbox"/> COLL	\$				<input type="checkbox"/> COLL						
ADDITIONAL INTERESTS/CERTIFICATE RECIPIENTS (Attach ACORD 45 for additional names)																			
INTEREST	RANK	NAME AND ADDRESS				REFERENCE #	CERTIFICATE REQUIRED				INTEREST IN ITEM NUMBER								
<input checked="" type="checkbox"/> ADDITIONAL INSURED		American Honda Finance Corp.					AMERHO1				LOCATION BUILDING								
<input checked="" type="checkbox"/> LOSS PAYEE											VEHICLE 1 BOAT								
<input type="checkbox"/> MORTGAGES		200 Continental Dr. Suite 301									SCHEDULED ITEM NUMBER:								
<input type="checkbox"/> LIENHOLDER		Newark DE 19713									OTHER								
<input type="checkbox"/> EMPLOYEE AS LESSOR																			
GENERAL INFORMATION																			
EXPLAIN ALL "YES" RESPONSES										YES	NO	7. DO OPERATIONS INVOLVE TRANSPORTING HAZARDOUS MATERIAL?							
												<input checked="" type="checkbox"/>							
1. WITH THE EXCEPTION OF ENCUMBRANCES ARE ANY VEHICLES NOT SOLELY OWNED BY AND REGISTERED TO THE APPLICANT?											<input checked="" type="checkbox"/>	8. ANY HOLD HARMLESS AGREEMENTS?							
												<input checked="" type="checkbox"/>							
2. DO OVER 50% OF THE EMPLOYEES USE THEIR AUTOS IN THE BUSINESS?											<input checked="" type="checkbox"/>	9. ANY VEHICLES USED BY FAMILY MEMBERS? IF SO, IDENTIFY IN REMARKS							
												<input checked="" type="checkbox"/>							
3. IS THERE A VEHICLE MAINTENANCE PROGRAM IN OPERATION?											<input checked="" type="checkbox"/>	10. DOES THE APPLICANT OBTAIN MVR VERIFICATION?							
												<input checked="" type="checkbox"/>							
4. ARE ANY VEHICLES LEASED TO OTHERS?											<input checked="" type="checkbox"/>	11. DOES THE APPLICANT HAVE A SPECIFIC DRIVER RECRUITING METHOD?							
												<input checked="" type="checkbox"/>							
5. ARE ANY VEHICLES CUSTOMIZED, ALTERED OR HAVE SPECIAL EQUIPMENT?											<input checked="" type="checkbox"/>	12. ARE ANY DRIVERS NOT COVERED BY WORKERS COMPENSATION?							
												<input checked="" type="checkbox"/>							
6. ARE ICC, PUC OR OTHER FILINGS REQUIRED?											<input checked="" type="checkbox"/>	13. ANY VEHICLES OWNED BUT NOT SCHEDULED ON THIS APPLICATION?							
												<input checked="" type="checkbox"/>							
14. ANY DRIVERS WITH MOVING TRAFFIC VIOLATIONS?											<input checked="" type="checkbox"/>								
DESCRIPTION OF GARAGE/STORAGE LOCATIONS										MAXIMUM DOLLAR VALUE SUBJECT TO LOSS									
REMARKS																			
UNINSURED AND UNDERINSURED MOTORISTS COVERAGES (Check the appropriate box(es) below and sign where applicable)																			
DO NOT USE IN AR,AZ,CA,CT,DE,FL,GA,IA,IL,MO,NJ,NV,OK,OR,PA,RI,SC,WV: USE SPECIFIC STATE SUPPLEMENT. MINIMUM UM LIMITS REQUIRED IN DC,ME,MN,MO,VT,VA,WA,WI																			
I UNDERSTAND AND ACKNOWLEDGE THAT UNINSURED MOTORIST (UM) AND UNDERINSURED MOTORISTS (UM) COVERAGE HAVE BEEN EXPLAINED TO ME. I HAVE BEEN OFFERED THE OPTIONS OF:										SELECTING UM AND UM LIMITS EQUAL TO MY LIABILITY LIMITS.									
										SELECTING UM AND UM LIMITS LOWER THAN MY LIABILITY LIMITS, OR									
										REJECTING COVERAGE ENTIRELY.									
I UNDERSTAND THAT THE COVERAGE SELECTION AND LIMIT CHOICES INDICATED HERE WILL APPLY TO ALL FUTURE POLICY RENEWALS, CONTINUATIONS AND CHANGES UNLESS I NOTIFY YOU OTHERWISE IN WRITING.										1. I SELECT UM AND UM LIMITS INDIC IN THIS APP					(APPLICANT'S SIGNATURE)				
ACORD 127(2/95)										2. I REJECT UM BODILY INJURY COVERAGE					(APPLICANT'S SIGNATURE)				
										3. I REJECT UM BODILY INJURY COVERAGE					(APPLICANT'S SIGNATURE)				
										4. I REJECT UM PROPERTY DAMAGE COVERAGE					(APPLICANT'S SIGNATURE)				
										5. I REJECT UM PROPERTY DAMAGE COVERAGE					(APPLICANT'S SIGNATURE)				
ATTACH TO APPLICANT INFORMATION SECTION																			



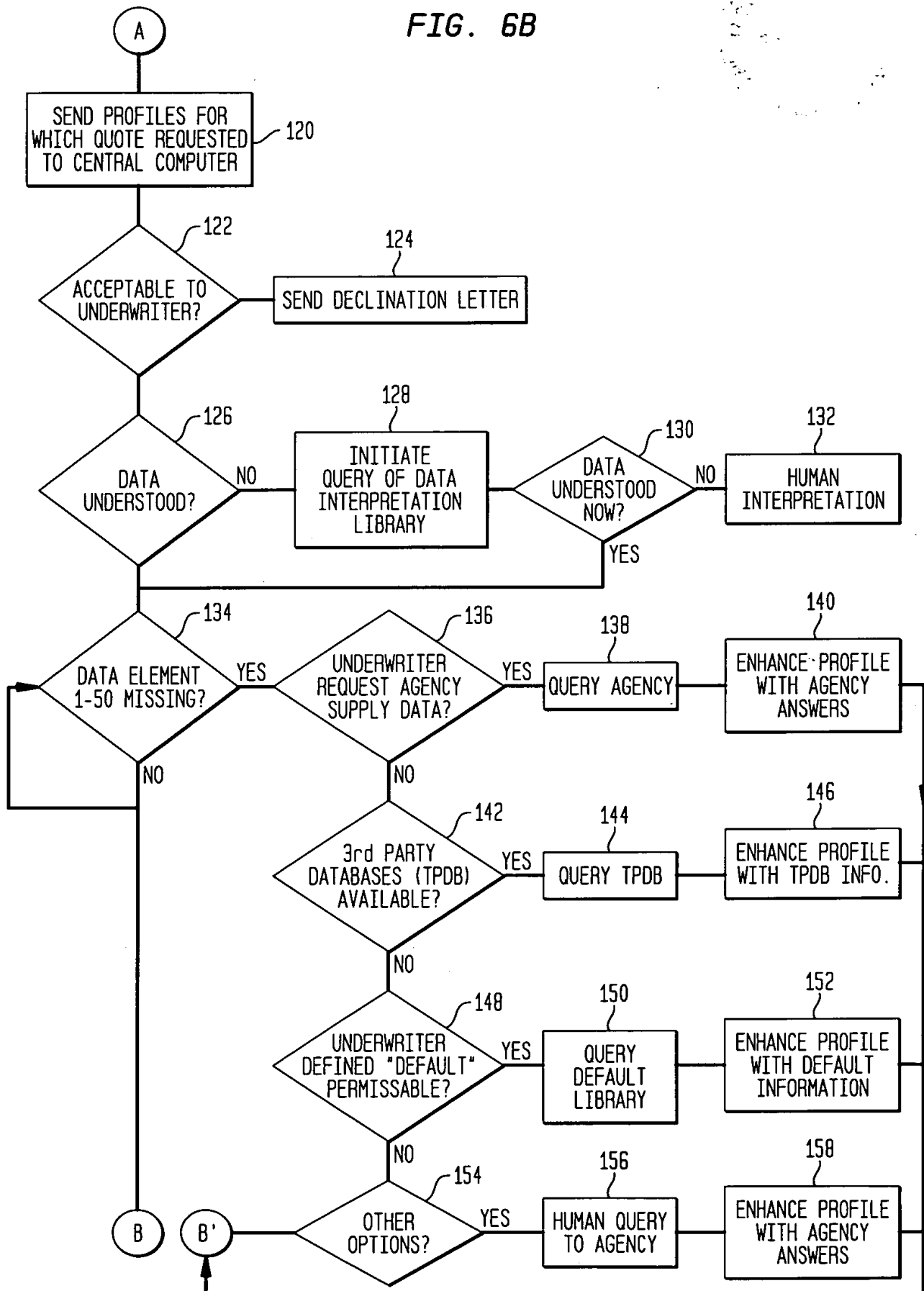
FIG. 5



10/15  
**FIG. 6A**



11/15  
FIG. 6B



*FIG. 6B-1*

111A	111B	111C	111D	111E	111F	111G
SPC	098	052101	TAM	WC	1	XML

13/15  
FIG. 6C

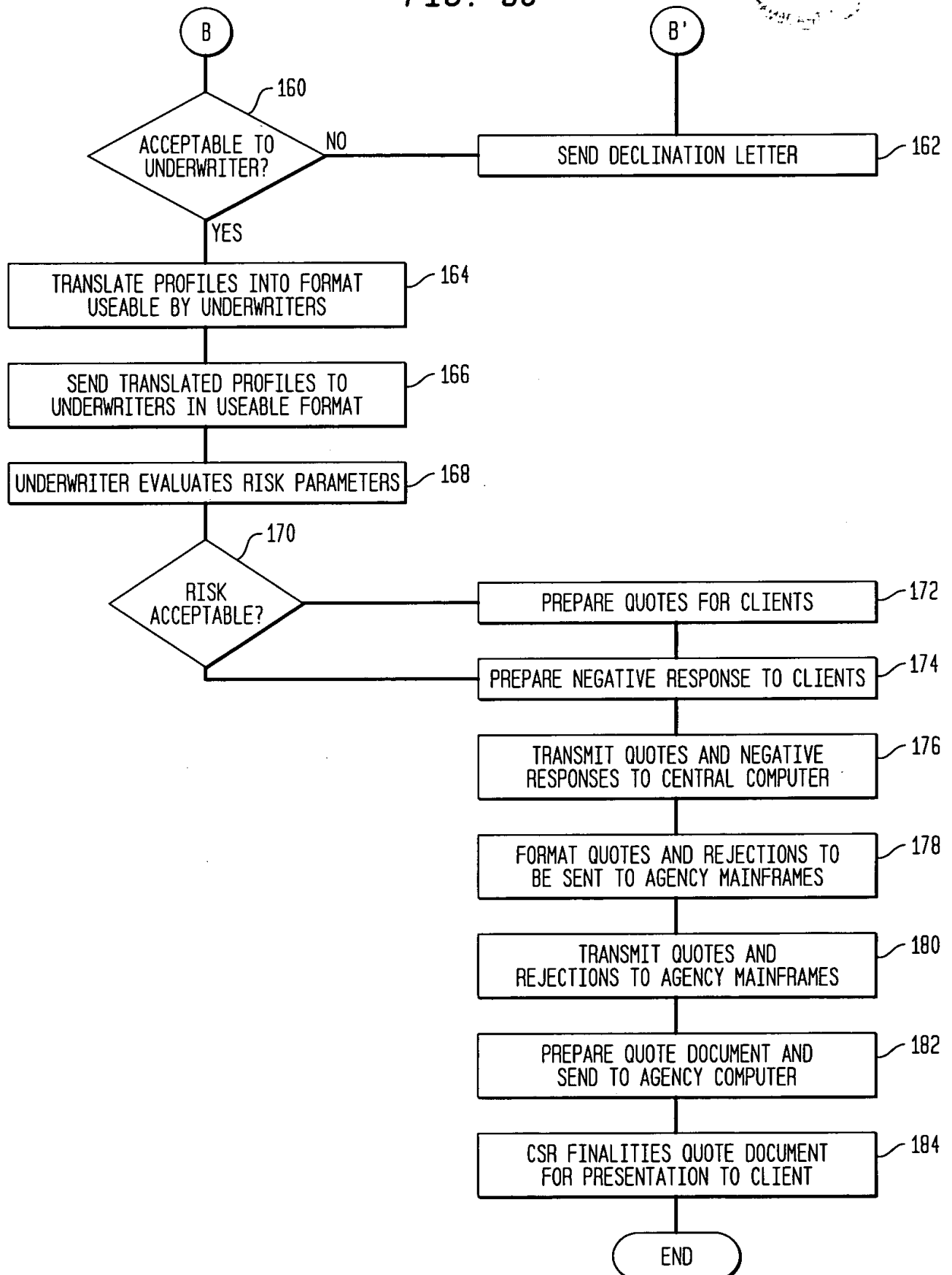


FIG. 7

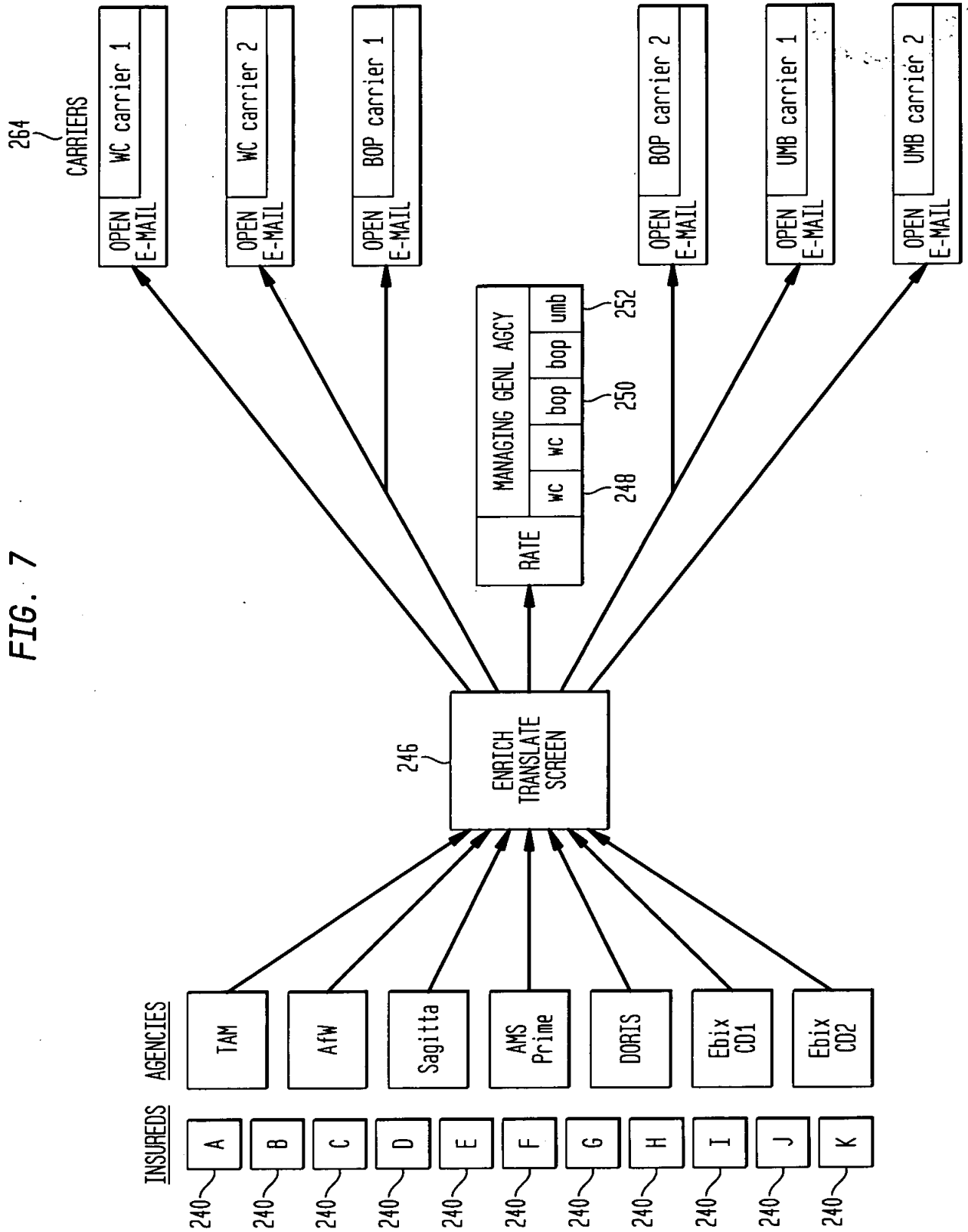


FIG. 8

